DEPARTMENT OF HEALTH SERVICES

714 P STREET, ROOM 1253 P.O. BOX 942732 SACRAMENTO, CA 94234-7320 (916) 654-0391



March 21, 2001

Ms. Joyce Jordan
Family and Children's Health Programs Group
Division of Integrated Health Systems
Health Care Financing Administration
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Jordan:

SECTION 1115 WAIVER MEDICAID DEMONSTRATION PROJECT FOR CALIFORNIA'S FAMILY PLANNING, ACCESS, CARE, AND TREATMENT PROGRAM PROJECT IDENTIFICATION NUMBER: 1-W-00129/9

The California Department of Health Services is submitting to the Health Care Financing Administration the Family Planning, Access, Care, and Treatment Waiver Program Budget Neutrality Report. The Report is being provided in accordance with the Demonstration Project Special Terms and Conditions.

If you have further questions or require additional information, please contact Mr. Roberto B. Martinez, Chief of the Medi-Cal Policy Division, at (916) 657-1542.

Sincerely,

Stan Rosenstein Assistant Deputy Director

Medical Care Services

Enclosure

cc: See Next Page

cc: Ms. Linda Minimoto
Associate Regional Administrator
Division of Medicaid--Region IX
Department of Health and Human Services

Health Care Financing Administration
75 Hawthorne Street, Fourth Floor

San Francisco, CA 94105-3903

Ms. Meredith Merrill
Division of Medicaid--Region IX
Department of Health and Human Services
Health Care Financing Administration
75 Hawthorne Street, Fourth Floor
San Francisco, CA 94105-3903

Mr. Roberto B. Martinez, Chief Medi-Cal Policy Division Department of Health Services 714 P Street, Room 1561 P.O. Box 942732 Sacramento, CA 94234-7320

Mr. William V. Brennan, Chief Rate Development Branch Department of Health Services 714 P Street, Room 1550 P.O. Box 942732 Sacramento, CA 94234-7320

Ms. Maura Donovan, Chief Fiscal Forecasting Data Management Branch Department of Health Services 714 P Street, Room 1750 P.O. Box 942732 Sacramento, CA 94234-7320

Ms. Anna Ramirez Interim Chief Department of Health Services Office of Family Planning 714 P Street, Room 450 P.O. Box 942732 Sacramento, CA 94234-7320

Family PACT Base Year Fertility Rate Methodology

1.0 Introduction

In the Special Terms and Conditions of the Medicaid Demonstration Project for Family Planning, Access, Care and Treatment (FPACT), the Health Care Financing Administration (HCFA) prescribes the method by which budget neutrality will be monitored.

The intent of the demonstration is to avert unplanned or mistimed pregnancies to offset the cost of family planning services for demonstration participants. HCFA specified the following formula for estimating the number of births averted (BA) during each demonstration year (DY):

BA = (base year fertility rate – fertility rate of demonstration participants during DY) **x** (Number of demonstration women during DY)

The preliminary base year fertility rate must be submitted to HCFA for approval within the first operational year of the demonstration. The California Department of Health Services (Department) will be allowed up to 3 years to finalize this preliminary rate.

This document has been prepared to fulfill the requirement of submission of the preliminary base year fertility rate. The Department has assessed all of the data currently available and proposed the methodology described below as the best possible means currently available to establish the base year fertility rate for FPACT women.

2.0 Methodology Prescribed by HCFA

HCFA has prescribed the following methodology for calculating the base year fertility rate:

- a. It must reflect fertility rates and unfulfilled pregnancies during State Fiscal Year 1997-98(July 1, 1997 June 30, 1998) for women in families with income up to 200% of the federal poverty level and ineligible for Medicaid except for pregnancy.
- b. It must be adjusted for age and ethnicity for all potential demonstration participants.
- c. The fertility rate will include births paid for by Medicaid and estimates of unfulfilled pregnancies.
- d. Following the conclusion of each year of the demonstration, an adjusted base year fertility rate for that year will be determined by summing the age- and ethnicity-specific rates using the age and ethnicity distribution of the demonstration participants during that DY to weight the age- and ethnicity-specific fertility rates, unless the State demonstrates that the age and ethnicity distribution is consistent with prior demonstration years. The annual age and ethnicity distribution categories will correspond with the base year age- and ethnicity-specific fertility rates.

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3.0 Limitations in California Data

Information on fertility rates in California by age and ethnicity **as** well as by income level is not available. California's Center for Health Statistics compiles data on fertility rates for California women by age and ethnicity of the mother. However, the information does not differentiate between income levels, but rather provides aggregated rates for all California women. **As** the fertility rate for women under **200%** of the federal poverty level will be very different from the overall rate, this information would not provide an accurate estimate of the fertility rate for the FPACT target population.

In addition, there is no specific Medi-Cal information that would answer this question. A count of women in the Pregnancy Only Medi-Cal aid categories would not provide an accurate count of the number of births to women in the FPACT target population, since the women ineligible for Medi-Cal except for pregnancy could also be in any of several other Medi-Cal aid categories, depending upon the number of children in the family and income level. It is not possible to identify them within these aid categories.

4.0 The Proposed Methodology

We propose a methodology utilizing the delivery rate of a Medi-Cal population matched for demographic characteristics to the FPACT population, i.e., the Medi-Cal delivery rate will be adjusted to the age and ethnic characteristics of the FPACT eligible group for which SSNs were available. It is expected that this "synthetic" estimate of the fertility rate will be a better representation of the FPACT population. The analysis has been conducted and is described below.

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5.0 The Findings

Tables **1-4**below present the data described in the previous discussion. Table 1 shows the age and ethnicity breakout **of** FPACT eligibles that had Social Security Numbers on their records.

	Alaskan Native	Asian or	Black	Hispanic	White	Total
	American Indian	Pacific Islande	<u> </u>			
Ages						
TOTAL =	130	1,05	1,326	6,209	4,964	13,6892
<18	12	65	126	400	371	974
18-19	20	130	197	765	667	1,779
					,	4,025
					;	4,753
>			= - 1		3	2,151

The second table expresses these same numbers as proportions **of** the total so that they can be used later to weight Medi-Cal deliveries for comparison. These proportions sum to one.

	Alaskan Native	Asian or	Black	Hispanic	White
	American Indian	Pacific Islande			
Ages					
<18	0.001	0.005	0.009	0.029	0.02
18-19	0.001	0.009	0.014	0.056	0.049
20-24	0.003	0.024	0.029	0.128	0.1 11
25-34	0.003	0.026	0.030	0.163	0.126
> 34	0.001	0.013	0.015	0.078	0.050

The third table is the rates of Medi-Cal deliveries broken out in the same age and ethnicity cells as are the FPACT data shown above. These data are taken from the files used for DHS-published reports referred to as the "Medi-Cal Funded Delivery Report" and available online at: www.dhs.ca.gov/MCSS.

	Alaskan Native	Asian or	Black	Hispanic	White	Total
	American Indian	Pacific Islande	r			
Ages						
20-24	348.9	385.1	239.8	543.9	263.2	434.
25-34	184.4	376.9	143.6	439.9	134.4	302.0
> 34	43.4	142.3	38.0	187.4	34.7	85.

The last table presents the Synthetic Estimate of Deliveries and is created simply by multiplying each age/ethnicity proportion in the FPACT Program, shown in Table 2, by the corresponding Medi-Cal delivery cell in Table 3 to adjust Medi-Cal data to differing FPACT demographics. Because the proportions in Table 2 sum to one as discussed before, the values in Table 4 can be summed to produce a "synthetic" delivery rate. This rate is 272.9 per 1,000.

	Alaskan Native	Asian or	Black	Hispanic	White		
	American Indian	Pacific Islander					
Ages							
<18	0.05	0.13	0.39	3.43	0.99		
18-19	0.29	1.17	2.26	18.73	7.7		
20-24	0.90	9.16	6.98	69.52	29.1		
25-34	0.60	9.65	4.24	71.63	16.96		
> 34	0.06	1.90	0.56	14.61	1.73		
Overall Rate =		272.9 Deliveries per 1,000Medi-Cal					
			FFS eligible women 15-44 years				
	·						
* The sy	nthetic or weighted	estimate was calc	ulated by mu	ıltiplying the a	ge/ethnicity		
		y the correspondin					

6.0 Adjustment for Unfulfilled Pregnancies

According to 1997 Medi-Cal pregnancy outcome data, 63.6% of pregnancies end in deliveries. To add unfulfilled pregnancies to the above delivery rate of 272.9 per 1,000, 272.9 was divided by 63.6% to arrive at a total fertility rate (including unfulfilled pregnancies) of 429.1 per 1,000.

7.0 Conclusion

The best methodology available to estimate the base year fertility rate is the creation of a "synthetic" estimate utilizing the 1998 delivery rate of a Medi-Cal population matched for demographic characteristics to the FPACT population. When estimated unfulfilled pregnancies are added to this delivery rate, the base year fertility rate is 429.1 per 1,000.

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